

Rio Rancho Regional Chamber of Commerce
PAYMENT AUTHORIZATION FORM



Member Organization Name: _____

First Name: _____ Last Name: _____

____ New Authorization _____ Change to Existing Authorization

EFT TRANSFER FROM

Bank Name: _____

Account Type: _____

External R/T number: _____

Note: If you are setting up an external transfer, you must enter the routing number of the institution

Name on Bank Account: _____

Account number: _____

Amount of transfer: _____

EFT TRANSFER TO U.S. BANK, THE RIO RANCHO REGIONAL CHAMBER OF COMMERCE'S BANKING INSTITUTION

EFT INSTRUCTIONS

Beginning Date of transfer: _____

Please remember we will need a 15 day lead time on all transfers

Frequency of transfer: ____ monthly ____ quarterly

Day of the month for withdrawal: _____

OTHER PAYMENT

____ Visa ____ MC ____ AMX ____ Discover **Note a 2.5% fee charged for credit card payments added**

Credit Card# _____ CVCode _____ Exp Date: _____

Card Name: _____

Address: _____ City: _____ ST: ____ ZIP: _____

Check # _____ Cash _____ **AMOUNT: \$** _____

AUTHORIZATION

I hereby authorize the Rio Rancho Regional Chamber of Commerce (RRRCC) to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between the RRRCC and me, the prior authorization is hereby cancelled, and I instruct RRRCC to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic payment(s).

Authorized Signature: _____ Date: _____

____ CANCELLATION NOTICE: It is my request to cancel the automatic payment set up for my account.	
Authorized Signature: _____	Date: _____